

RELEASED IN FULL

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A14

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SAQMMADSF4260

## ORDER FOR SUPPLIES OR SERVICES

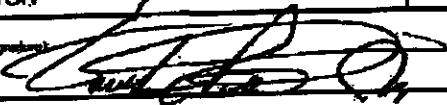
IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER 04/11/2008	2. CONTRACT NO. (If any) SAQMMADSF4260	3. SHIP TO: CA/EX/GSD	
3. ORDER NO. SAQMMADSF4260	4. REQUISITION REFERENCE NO. AQ 1044805089	5. NAME OF CONSIGNEE GENERAL SRVCS DIV (CA/EX/GSD)	
6. ISSUING OFFICE (Address correspondence to) OFFICE OF ACQUISITION MANAGEMENT (A/LW/AQM) PO BOX 9115, ROSSLYN STATION US DEPARTMENT OF STATE ARLINGTON, VA 22219		7. STREET ADDRESS 2401 E STREET, NW SA-1, ROOM H1001	
CONTACT NAME: Cornelius Pitts		8. CITY WASHINGTON	
PHONE: 703-875-6011 EMAIL: PittsC@state.gov		9. STATE DC	
10. DUNS NUMBER 144202843		11. ZIP CODE 20520	
11. NAME OF CONTRACTOR Jonathan Barker		12. TYPE OF ORDER	
13. COMPANY NAME STANLEY ASSOCIATES INC		<input type="checkbox"/> a. PURCHASE REFERENCE YOUR Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	<input checked="" type="checkbox"/> b. DELIVERY — Direct to billing instructions on the reverse. This delivery order is subject to termination convened in accordance with the terms and conditions of the above-numbered contract.
14. STREET ADDRESS 3101 WILSON BLVD STE 700		15. REQUISITIONING OFFICE GENERAL SRVCS DIV (CA/EX/GSD) 2401 E STREET, NW SA-1, ROOM H1001 WASHINGTON, DC 20520	
16. CITY ARLINGTON		17. STATE VA	18. ZIP CODE 22201-4445
19. ACCOUNTING AND APPROPRIATION DATA See Line Items		\$1,000,000.00	

20. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. WOMEN-OWNED <input type="checkbox"/> d. HUBZone	<input type="checkbox"/> e. DISADVANTAGED <input type="checkbox"/> f. EMERGING SMALL BUSINESS.	21. F.O.B. POINT <input type="checkbox"/> g. SERVICE DISABLED VETERAN-OWNED	
22. PLACE OF INSPECTION	23. ACCEPTANCE	24. GOVERNMENT BILL NO.	
		25. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 03/20/2008	26. DISCOUNT TERMS: 0 Days; 0 Days; 0 Days; 0 Days;

## 17. SCHEDULE (See reverse for Rejections)

SEE LINE ITEMS SECTION

27. SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.	\$1,000,000.00	17(b) TOT. (Cont. page)
	21. MAIL INVOICE TO: b. NAME GENERAL SRVCS DIV (CA/EX/GSD)				
b. STREET ADDRESS: P.O. Box 2401 E STREET, NW SA-1, ROOM H1001					
c. CITY WASHINGTON		c. STATE DC	c. ZIP CODE 20520	\$1,000,000.00	17(b) GRAND TOTAL
22. UNITED STATES OF AMERICA #1 (Signature) 					
23. NAME (T/P/R) Cornelius Pitts TITLE: CONTRACTING/ORDERSING OFFICER					

OPTIONAL FORM 347 (REV. 3/2005)

Prescribed by GSA/FAR 41 CFR 50.213(a)

AUTHORIZED FOR LOCAL REPRODUCTION  
PREVIOUS EDITION NOT USABLEUNITED STATES DEPARTMENT OF STATE  
REVIEW AUTHORITY: CHARLES E LAHIGUERA  
DATE/CASE ID: 17 SEP 2010 200702174

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SAQMMAD08D4260

Line Item Summary	Contract Number: SAQMMAD08D0051	Order Number: SAQMMAD08F4260	Title: Stanley Task 4	Total Funding: \$1,000,000.00	Date of Order: 04/11/2008	
Line Item No.	Description		Quantity	Unit	Unit Price	Total Cost
	Provide Incremental funding in the amount of \$1,000,000.00 to cover services for the period covering March 20, 2008 through March 18, 2009 for Task 4 as follows:					
'001	Base year for Passport Services Domestic Support Contract No. SAQMMAD08D0051 period of performance through March 19, 2008 for task 4 Architectural Design Support for Passport Services Facilities, CLIN No. 0006 Doc Ref No: 1044805089		1.00	LT	\$1,000,000.00	\$1,000,000.00
	Taxes included: Delivery Date 03/20/2008 (Start to End) Date 03/20/2008 to 03/19/2008 FOR: Destination					
	Funding Information: Accounting Ref: 1044805089 1900 - 2008 - 18 X01130006 - CA - 1044 - 4220 - - - - 2588 - - CAR25L - - 269900. \$1,000,000.00					
	GTM for this effort: Jim Stanley					
			Grand Total:		\$1,000,000.00	

## Exhibits and Attachments TOC

Identifier	Title	Date	Number of Pages
1	AO-1044805089-03212008153052892/stanley/March2008.pdf	03/21/2008	10

QINV      Invoice Instructions

12/21/2007

Instructions for invoice payment:

Invoice submission is only via the Office of Claims' Commercial Claims Operations fax server, toll-free number: 866-483-3436, unless otherwise indicated. Each invoice must be transmitted separately.

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To constitute a proper invoice, the invoice must include the following information and/or attached documentation:

- (1) Name and Address of Contractor
- (2) Dun and Brad Street Universal Number System (DUNS)
- (3) Date of invoice
- (4) Unique Vendor Invoice Number
- (5) Remittance Contact Information
- (6) Shipping Terms, Ship to Address
- (7) Payment Terms
- (8) Total Quantity of Items
- (9) Total Invoice Amount
- (10) Requisition Number, Contract Number and Order/Award Number, with modification number if applicable.
- (11) Order line item number and information, see below line item information instructions.

The name and DUNS of the contractor on the invoice must match the information indicated on the order/award for proper payment.

**IMPORTANT:** For proper payment, the invoice must detail products and/or services delivered on a line item basis in direct accordance with the corresponding order/award/contract.

Each line item must contain the following information:

- (1) Description of the services rendered for each line item
- (2) Line Item Quantity
- (3) Line Item Unit Price
- (4) Total Line Item Unit Price
- (5) Delivery Date
- (6) Contract Line Item Number (CLIN)
- (7) Order/Award Line Item Number if invoicing against a task or Delivery Order or Blanket Purchase Agreement (BPA)

Please note that many task or delivery orders against Department of State or GSA contracts or blanket purchase agreements may have a separate and unique line item number in addition to the umbrella Contract Line Item Number (CLIN). The order line item number as well as the umbrella award CLIN must be referenced at each invoice line item level in such cases.

All payment to domestic claims will be disbursed by electronic funds transfer EFT. Vendors who are registered in the Central Contractor Registration (CCR) should verify and re-confirm their financial information in the database prior to invoicing. Vendors who wish to request a waiver of CCR or payment by check must submit their justification to their assigned contracting officer for consideration at least 30 days prior to billing. For vendors who are granted an EFT exception, the payment address on the invoice

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must match the remittance address in the vendor record cited in the award.

Additional correspondence should be addressed to:

Name:

U.S. Department of State  
Global Financial Services  
Attn: Office of Claims (RM/GFS/F/C)  
Charleston Financial Service Center

Mailing Address:

Post Office Box 150008  
Charleston, SC 29415-5008

Telephone Numbers:

Voice: 843-202-3761  
Fax: 843-746-0749

Person to Contact: Mike Washington, Office of Claims

Email: WashingtonM@state.gov  
Phone: 843-746-3761

To request Payment Status on a Past Due Invoice contact: Office of Claims Customer Service

Email: commercialclaims@state.gov  
Phone: 877-704-9473 Toll Free

(End of Clause)

G-003

The Terms and Conditions of the Prompt Payment Act

07/02/2007

The terms and conditions of the Prompt Payment Act (P.L. 97-177 as amended) and OMB Circular A-125 as amended, FOB destination, are applicable to this order. The vendor should expect payment within thirty (30) calendar days after receipt of the vendor's invoice by the Department of State for the purposes of determining a payment due date and the date on which interest will begin to accrue; an invoice shall be deemed to be received on the later of (1) the date a proper invoice is actually received by the Department of State designated billing office, or (2) the seventh day after the date on which the property is actually delivered or performance of the services is actually completed.

Issuing Office:

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U.S. Department of State (A/LM/AQM)  
P.O. Box 9115, Rosslyn Station  
Arlington, VA 22219-1115

Z-004      Contact Vendor Claims      07/02/2007

Contract vendor claims, Office of Fiscal Operations, telephone 843-202-3891, on payment problems. Have order number, requisition/reference number, invoice number, invoice date, and amount of invoice available. Requisition/reference number is the four digit allotment and six digit obligation number in Block 4. On payment problems relating to BPA's contact appropriate ordering office first.

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